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	0219	7	TVISION OI	VIIAL RECORDS,		ICATE OF		more, n	MARTLAND 2120		0 ~ 1	. 3 3
	ECEASED-NAME	First	UT 118-50	Middle		Last		2a. DATE	OF DEATH			2b. HOUR
(1	(ype ar print)	Arth	ur	Yates		Chapn	nan	111	Month	29y	1969	10:300
3. SE	X	-1	4. RACE			S. DATE OF E	BIRTH		6. AGE (In years		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	male	W. D	Ne	gro		3-	4-10		last birthagy)	YRS.	MIHS DATS	HOURS MIN.
7o. l	BIRTHPLACE (State ar	fareign 7b	. CITIZEN OF WH.		8. MARRIE	D NEVER MA	RRIFD	9. COUNTY	OF DEATH			VI
canı	ntry) Marvland	h	U.S	. A .	WIDOWE		ORCED 🗍		Calve	rt		Md.
	ITY OR TOWN OF DE			ME OF HOSPITAL OR INS	STITUTION (I	f nat in haspital			ION (Kind of work de		12b. KIND OF	
	rince F					Hosp.	during mo	ni to	ing life, even if retire	ed.)	Bd. o	f Ed.
13a.	USUAL RESIDENCE (Vission) STATE	Where deceased	lived, if institution	n: Residence befare	13c. CITY		13d. INSIDE CITY EM		. STREET AND NUMBER	2		
daiii	Marylan	d	V Char	les	Brys	ntown	YES NO	X				
14. [FATHER'S NAME	First	Middle	Lost		1S. MOTHER'S N	AAIDEN NAME FI	rst	Middl	e		Last
		John		Chapma	ın		E:	rma			Ya	ites
	. WAS DECEASED EVER			16b. SOCIAL SECURITY I		7. INFORMANT	1 1 1 1 1 1		Addres	ss		
Y	res, na, ar unknawn)	(If yes give war or	r dates of service)	219-05-1	611	Mildre	ed Char	oman	Bryan	tow	n. Md	
		TH (Enter only o	ne couse per lin	e far (a), (b), and (c).)						APPROXIN	NATE INTERVAL
	PART I. DEATH	WAS CAUSED B	Υ:	, idi (d), (b), dita (c).		Troe	(Pai	Ruel	_		BCIWEEN OF	DET AND DEATH
	7854	IMMEDIATE		A CONSTOURNES OF		13.6.0					100	
	Canditians, if any,	which days	DUE TO, OK A	S A CONSEQUENCE OF							300	
	rise ta immediate	cause (a),	(b)	A CONSTOURNER OF								
	stating the under	ying cause	DUE TO, UK A	A CONSEQUENCE OF								
	last.	,	(c)									
3	PART 2. OTHER SIG	INIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT N	OF RELATED	TO THE TERMIN	AL DISEASE OKU	ONDITION G	GIVEN IN PART I(a)			
No						Las		Last	LE LINE LUCER FRANCIS	100 0011		Paritina
CERTIFICATION	19a. DATE OF OPERA	TION 196. CON	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUT			o. IF YES, WERE FINDIN USES OF DEATH?	IGS CONS	SIDERED IN CE	RTIFYING
CERT	21a. ACCIDENT WA	S UNDERLYING	21b. TIME OF	INIURY	210	_		nature of	injury in Part 1 or Par	rt 2 Iten	n 18)	
MEDICAL	OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.	Manth Day Year			LEMOS (EMO)	ndiolo di	injury in run run run sa	2, 11011	,	
WE	21d. INJURY OCCUR While Nat whi	RRED 21e. PL		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Stre	eet ar R.F.D. Na.		City ar Tawn	(Caunty	State
	at wark at work					Δ.1	0.0	7.0				
	22o. I certify t	that (I) (this	hospital) otte	nded the decease	ed from_	Oct.	23, 19_	60, to_	Feb. 2	, 19_6	9, that	(I) (we) last
-	saw the a	ted above (l) (we) (did) (did nat) view the	hody afte	er death	ny) (aur) apii	ntan deal	in occurred on in	e date	ana naur c	ing from the
- 1	22b. SIGNATURE	area abave, (1) (100) (010) (ara riary view rice	body dire	or dodni.	F			22c DAT	E SIGNED	
		1/0	Leever		DI	GREE PHYS.	ING K	ED.	STAFF PHYS.		-3-69	
	22d. PHYSICIAN'S	(3)	7							-	2 91	
	NAME (Type)	Issam	F. el	Damalou	ji,M.	.D. P	rince	Fred	erick, M	lary	rland	
23a,	BURIAL, CREMATION REMOVAL (Specify)	, 23b, DAT	E	23c NAME OF	CEMETERY	OR CREMATORY		23d. 19C	ATION (City or Tawn)		(County)	(State)
1	REMOVAL (Specify)	2-3	5-196	9 St. M	reu's	Ch. 6	om.	12r	wantou	n. (has. 6	1. Md.
24.	FUNERAL DIRECTOR			ADDRESS	1	mal		REGISTRA	R1969SP. REGIST	RAPS-SIE	NATHIRE	Labor.
1	Hartoly	e Cla	ams	(launx	100.	1/11.	DATE) (1300		W	ag.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fameral director, page 3 should be detached far use as the burial-transit permit. Then please remove arrian papers. Pages and should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and it any event, within 72 hours after death

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VR A15 (4) 30M REV. 1/68

SST COLUMN TO THE CONTROL OF THE PARTY OF THE REAL PROPERTY OF PILLSIE TENEDO PIVEL TURBUS at a good vincos convist anomabars contra the party of the family beautiful to the family while the contract of the second of the seco

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME 2a. DATE KNOWN Month Middle Year 2b. HOUR (Type or Print) Cook Sarah DEATH MATED IF LINDER 1 YEAR IF UNDER 24 HRS. 4 RACE 2c DATE PRONOLINGED DEAD 2d. HOUR 10:30 with the State Departm white female 7a. BIRTHPLACE (State or horeign 75 CINZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Calvert WIDOWED A DIVORCED 8. Give Pages NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street during most of working life, even if retired.) INDUSTRY MXXX Calvert County Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Lvert odmission) SIATE Mary land YES X NO North Beach 801 5th Street hours in Item-Last 15 MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME OHNSON hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS) 16b. SOCIAL SECURITY NO. 17_INFORMANT in pencil (Yes, no, ar unknown) File within 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c),) be executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY pending Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gove rise to immediate couse (o), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 Fracture of Hip removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 3 should PRIMARY X FOR CONTRIBUTING cremotion, 19 69 CAUSE OF DEATH subj. fell down steps at home 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: Page Calvert. Md. home 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry [ond in my opinion Inspection X Natural couses . Accident X. deoth resulted from: Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2/25/69 DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** Werner U. Spitz, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23d/ LOCATION (City of Town) 2Sq. REC'D 8Y REGISTRAR FEB 2 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

02195

1.					LKIIIICA	AIL OF DEATH				
1.		EASED-NAME First	Hit	Middle	13777	Last	2a. DATE	OF DEATH		2b. HOUR
E	(1)	rpe or print) Mar	У	Alice		Douglas		Month Day,	7 69	555 pM
3.	SEX		4. RACE	E-12-5-1		. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1		female	neg	gro		3-17-16		last birthday) YRS.	MONTHS DAYS	HOURS MIN
			7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
	ounti M 1	ssissippi	U.S.	Α.	WIDOWED X	_	(Calvert		Md
10	O. CIT	ty or town of death		IAME OF HOSPITAL OR INST		I don't a		10N (Kind af wark dane	12b. KIND OF INDUSTRY	BUSINESS OR
		rince Freder			unty	Hosp.		ring life, even if retired.)	INDUSTRY	
13	Ba. U	JSUAL RESIDENCE (Where decease sian) STATE	d lived, if institut	tian: Residence befare	13c. CITY OR 1			. STREET AND NUMBER		
	Mε	aryland	13b. COUNTY	vert	Sunde	rland YES	N0 X			
14	4. FA	ATHER'S NAME First	Middle	Last	IS.	MOTHER'S MAIDEN NAME		Middle		Last
L		Robert		Davis			llee		Wal	ker
1		WAS DECEASED EVER IN U.S. ARM is, na, ar unknawn) (If yes give wo	ED FORCES? If or dates of service)	16b. SOCIAL SECURITY N		FORMANT	520571	Address	-	
		no'		15 (8-34-2	2175 M	able Hawk:	ins	Sunderl		Id •
1	1	 CAUSE OF DEATH (Enter online) PART 1. DEATH WAS CAUSED 	y ane cause per li	ine far (a), (b), and (c).)						INSET AND DEATH
1		IMMEDIA	TE CAUSE (a)	Coronary	Occlu	sion			2	days
Г		4109	DUE TO, OR	AS A CONSEQUENCE OF						3000
ŀ		Canditians, if any, which gave) rise to immediate cause (a),	(b)							
	1	stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF						
	- 1:	PART 2. OTHER SIGNIFICANT CON	(c)	ITING TO DEATH DUT NO	T DELATED TO	THE TERMINAL DISEASE OF	D CONDITION C	CIVEN IN DADT 1/-1		
L	3	FART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBE	DING TO DEATH BUT NO	I KELATED TO	THE TERMINAL DISEASE OF	K COMDITION C	SIVER IN PART I(U)		
1	CERTIFICATION	19g. DATE OF OPERATION 19b. (ONDITION FOR WI	HICH OPERATION WAS PER	FORMED	20o. AUTOPSY?	201	b. IF YES, WERE FINDINGS CO	INSIDERED IN CE	ERTIFYING
	FIG					YES NO F	CAL	USES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN	21b. TIME O	OF INJURY	21c. HOV			injury in Part 1 or Part 2, It	em 18.)	
1		OR CONTRIBUTING CAUSE OF DEATH				KOOSHIE.				
1		21d. INJURY OCCURRED 21e.		(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street or R.F.D. N	Na.	City ar Tawn	Caunty	State
I		While Nat while at wark		OFFICE BUILDING, ETC.						
1		220 I certify that (I) (thi	s hospital) att	ended the decease	d from F	eb. 18_, 190	69_, to_	Feb. 27191	69 , that	(I) (we) last
ŀ	1	saw the deceased al	ive on Feb	27 19	69, and	that in (my) (our) a	pinian dea	th accurred on the dat	e and hour	and from the
I	-	22b. SIGNATURE	, (I) (we) (øld)	(ala not) view the b	ady after de	eatn.			ATE SIGNED	
1	ď	220. SIGNATURE	11/5	#A	DE GRE	ATTENDING E PHYS.	MED. DIRECTOR	CTAFE	2-28-6	0
1	2	22d. PHYSICIAN'S	40		DEGINE	22e. ADDRESS				7
		NAME (Type) Page	C. Jeti	t, M.D.		Prince	Fred	erick, Mar	yland	
2		BURIAL, CREMATION, 23b. C		23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOC	ATION (City ar Tawn)	(Caunty)	(State)
		REMOVAL (Specify)	-2-69	Patur	ent C	h. Cem.			al.	119
2	4. F	UNERAL DIRECTOR		ADDRESS		2Sa. REC'D	BY REGISTRA			200
		D. L	TOINER	De i	Vand 1	red SALAS	2 1 4	1000 Tollary	CEN YME	7

VR A15 (1) 30M REV. 1.68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

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	MARTLAND STATE DEPARTMENT OF HEALTH O O O O O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
EOD STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02196
FOR STATE HEALTH DEPT.	
	(Type or Print) OF ESTI-
y is 3 to 2 of	3. SEX 4. RACE S. DATE OF BIRTH / 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR
deloy and 3 3. Po	A Jay Months Day Year
200	7a. BIRTHPLACE (State or fageigp) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form form te Dee	(ountry)
ges for ate	10. CLOR TOWN OF DEATH - / I VAME OF HOSPITAL OF INSTITUTION (Many hospital 12a. USUAY OF UPATION (Kind of work dane 12b. KIND OF BUSINESS OR
ofter death 8. Give Pages 1. olong with form with the State D leath.	during passon working life, even if retired.) INDUSTRY
Give ong th th	Date USUAL RESIDENCE (V have decorated lived, if institution: Beridence have 13c MTY OR TOWN) 13d INSIDE MY LIMITS? 13e. STREET AND NUMBER
	admission) STATE My 13b. COUNTY Colored Sanded 1855 NO DE Rural
hin 24 hours ncil in Item 18 niners Office poges land?	14. FATHER'S NAME, First Middle Cost IS. MOTHER'S MAIDEN NAME First Middle Lost
rs of rs of	Win Lusice 10
hin 24 ncil in niner s poges hours	160. WAS DICEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS
be executed within "pending" in pendilinief Medicol Examinations in perminer in the page event within 72 hou	(Yes, no elympnown) (If yes give war or dates of service) Une dowell hinderland Mid
be executed with pending" in pen hief Medicol Exam consit permit. File permit onsit permit of 12 ferms	18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute dico dico with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken neck
exe endi Me t pe	DUE TO, OR AS A CONSOLUTION OF
7 0	Conditions, if any, which gave (b) fall Com Melly
should se ward o the Cl buriol-tra	stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF
sho o the buri	$\frac{\log t}{2}$
certificate : writing the provorded to used os o b mavol, and	PART TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DECASE OR CONDITION GIVEN TO PART (6)
ertificate writing t rworded sed os o navol, an	So. DATE OF OPERATION 19b. CONDITION BOR WHICH OPERATION 20. AUTOPSY?
s certificate s e, writing the forworded to s used as a bu emaval, and i	WAS PERFORMED? YES \(\text{NO.} \text{ NO.} \text{ NO.} \text{ NO.} \(\text{ NO.} \text{ NO.} \text{ NO.} \(\text{ NO.} \text{ NO.} \(\text{ NO.} \text{ NO.} \(\text{ NO.} \)
L be set	19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c. HOW MADRY OCCURRED (Enter nature of injury Port 1 or Port 2, Item 18.)
THE TO THE .	PRIMARY OR CONTRIBUTING \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
INER e cer shou files. 3 sho ation	
EXAMINER: cute the certifage 4 should age 4 should ryour files. Poge 3 should, cremation,	WHILE THOT WHILE I foctory office building st. le Smalley land (alwest Md)
L EXA ecute Page for your MR: Pog	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
e executor. Page ed for CTOR: Fourial,	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner
please I director retoine DIREC	CHIEF MEDICAL EXAMINER
JITY DICTORY, please eral director be retoined RAL DIRECT prior to bu	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
DEPUTY DICAL EXAM ressary, please execute the e funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page ealth prior to burial, crem	EXAMINER'S A 14 14 A D D D PUTY MEDICAL EXAMINER D 2/0/0
TO DEPUTY necessary, plea the funeral dir. 5 moy be reto TO FUNERAL DIR Health prior th	NAME (Type) / , // A A D [//www.psc/ADDRESS(Street, city, tawn, ar county)
0 = + 2 O +	23a. BURIAL TREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02202 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH death. cruted within 24 hours after death (Type ar print) Harold Francis Finlon February signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remove carban papers, Pages I burial, crematian, ar removal, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years campletely filled in by the f last birthday) 10-11-05 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania U.S.A. Calvert County WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane Carvert County Hospital Amed Sement er Harked Manager Prince Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marvland 13b. COUNTY Calvert Che sapeake Beath 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First The law requires that the death certificate be:ex Finlon Thereeax Buicking Teresa Frank 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) Mildred Finlon, Chesapeake Beach, Md. 577-16-1871 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗆 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Lieb, 1967, ta 1967, ta 1964, ond that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE k Feb. 2. 1969 DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Page &. Jett, M.D. Prince Frederick. Maryland 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

30M REV. 1768

24. FUNERAL DIRECTOR

1969 Cedar Hill Cemetery ome Owings, Md.

2Sa. REC'D BY REGISTRAR DATE FEB

Washington 2Sb. REGISTRAR'S SIGNATURE

02198

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

State

IF UNDER 1 YEAR

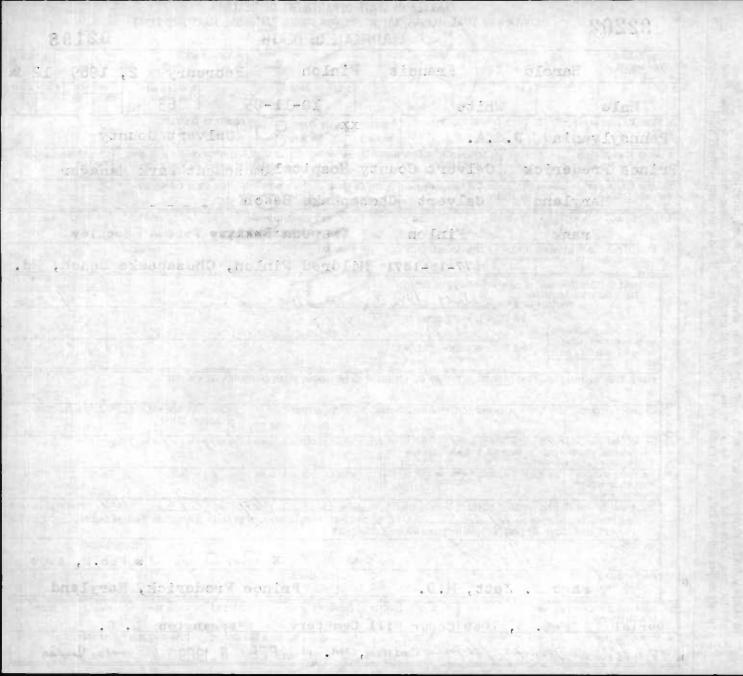
Buckley

County

22c. DATE SIGNED

2b. HOUR N

Willeman Jugar



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02199 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. DECEASED-NAME First 2a. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Poge 50 DEATH MATED ent 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M.3. MONTHS 2 Month Day 2 ond 2 with the State Departm Yeor CITIZEN OF COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE State or foreign MARRIED NEVER MARRIED Office olong with form Item 18. Give Pages 1, country HOSPITAL OR INSTITUTION US not in hospital OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR This certificate should be executed within 24 hours after death during mast of nd life, even if retired.) **INDUSTRY** death. 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence be odmissian) STATE NO I ofter 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last poges 2 Hours 260 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN **ADDRESS** pencil Yes, na A unknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL FTWEEN ONJET AND DEATH .⊆ event within 1B. CAUSE OF DEATH (Enter only one cause per permit. the funeral director. Page 4 should be forworded to the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOURNCE OF buriof-transit Conditions, if any, which gave rise ta immediate couse (a), please execute the certificate, writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= NEXANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removol, CERTIFICATION be used 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW HYURY OCCURRED (Enter nature of party in Port 1 ar Part 2, Item 18.) 0 FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING MEDICAL DICAL EXAMINER: cremation, CAUSE OF DEATH (At hame farm, 21d. INJURY OCCURRED 21e. PLACE 4 retoined for your AT WORK buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my apinian Accident death resulted from Suicide Hamicide Undetermined manner 0 CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessory, O DEPUT DEPUTY MEDICAL EXAMINER Health NAME (Type) ADDRESS(Street, city, town, of county) M.D. 0 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02200

CERTIFICATE OF DEATH

DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Mattie Hatfield 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) HOURS 8-8-80 female white 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) Maryland Calvert U.S.A. WIDOWED T DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Frederick (Calvert County Hosp.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN during most af warking life, even if retired.) INDUSTRY housewife Domestic 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Huntingtown US NO X Maryland 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First McHenry Bowen Mollie H. Bowen 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, ng, grunknawn) 217-36-7193 Morrison Hatfield Huntingtown 18. CAUSE OF DEATH (Enter only one cause per line for let, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? RHKXXI YES 🗀 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town Caunty While Not while at work at work 22a. I certify that (I) (this haspital) attended the deceased fram June 3 , 19.67 , ta Feb. 26 19.69 , that (I) (we) last saw the deceased alive on February 269.69, ond that in (my) (our) opinion death occurred on the date and haur and fram the causes stated above, (I) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 2-26-69 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Page C. Jett. M.D. Prince Frederick. Maryland 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Feb. 28,1969 Miranda Memorial Cemetery Huntingtown Calvert Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Musselas

Page 4 may be retained by the hospital or control of Funeral DIRECTOR: After this certificate has been stored for use as the control of the store of

requires that the death certificate be executed within 24 hours after death

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necessory, pleose execute the certificate, 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 12. FUNERAL DIRECTOR: Poge the funeral director. moy be retained prior to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER Heolth EXAMINER'S NAME (Type ADDRESS(Street, city, town, of county) 50 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) youngsch. Cem

Pinkney E. Jouel france Fred

VR A15ME (5)

24. FUNERAL DIRECTOR

ond in my opinian Inquiry Undetermined monner 22b. DATE SIGNED 23d. LOCATION (City or Tawn) (County) Huntingtown Cal. 2Sa. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE Clesving &

02201

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

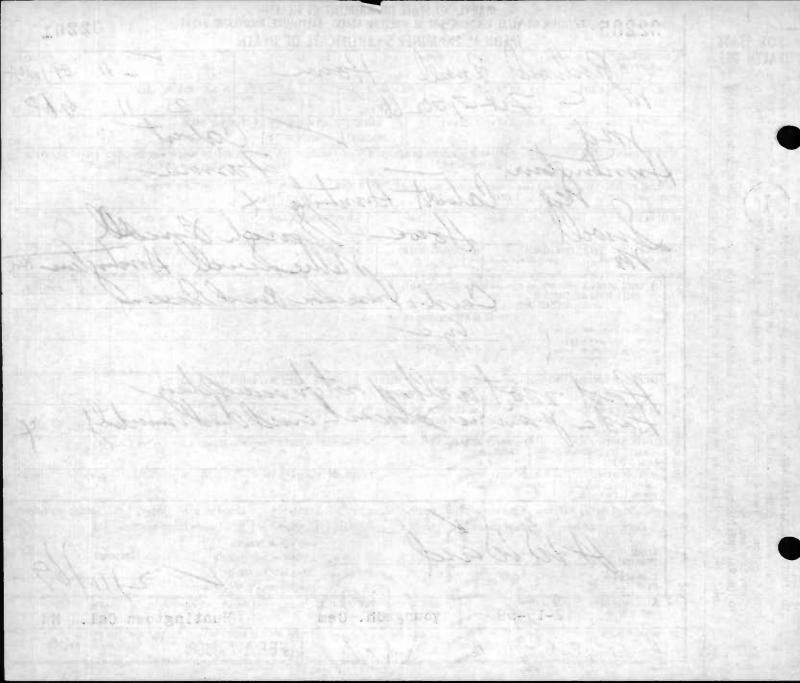
INDUSTRY

County

State

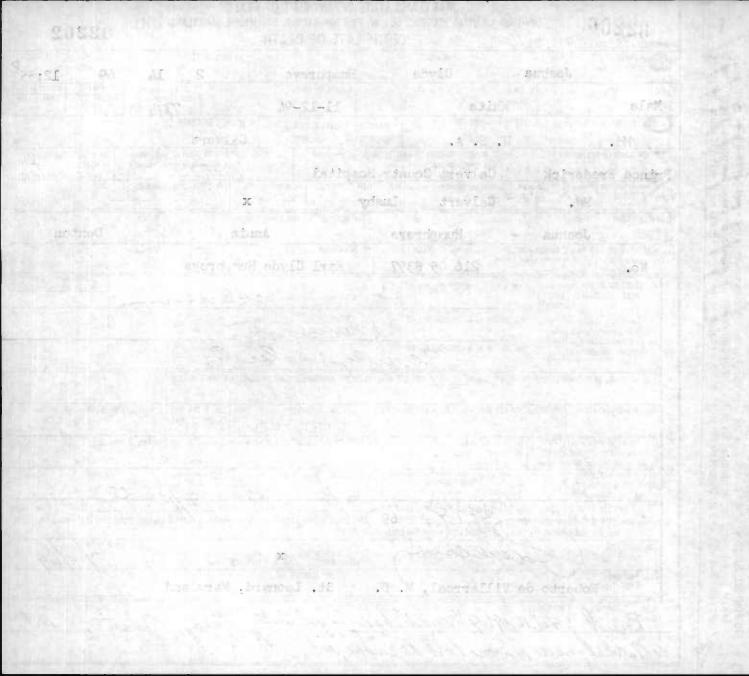
(State)

Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02202 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR hours ofter deoth 24 hours ofter deoth (Type ar print) filled in by the funeral papers. Pages I and Joshua Clyde Humphrevs 69 S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER † YEAR last birthday) Male White 11-12-94 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [Calvert U. S. A. WIDOWED TO Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Give street oddress)
Calvert County Hospital during mast of working life, ever if retired.) ottending physicion and completely formit. Then pleose remove corbon buriol, crematian, or removol, and in ony event, wit Prince Frederick requires that the death certificate be executed wit 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTX alvert admission) STATE YES 🗔 NO T Lusby 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Middle Humphreys Annie Denton Joshua 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, no. ar unknawn) 216 05 8397 Earl Clyde Humphreys APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave ? rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospitol or ottending physicion. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? O FUNERAL DIRECTOR: After this certificate hos CAUSES OF DEATH? YES 🗍 NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram-1969, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive on causes stated above, (1) (we) (old) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS NAME (Type) Roberto de Villarreal, M. D. St. Leonard, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL (Specify) (State) 24. FUNERAL DIRECTO 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02203

			CERTIFICA	AIE OF DEAIR	1		0 10 10	00
		rst Middl	e /	Lost	20. DATE OF		W = 3.07	2b. HOUR
	Type or print)	EY WILLIAN	1 Val	mon	& Febru	Month Doy	1969	11: P M
3. 9		4. RACE		. DATE OF BIRTH	7 7 7 7 7 7 7	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	Cauc.	0 8	ept. 25,19	909	last birthday) 59 YRS.	MONTHS OAYS	HOURS MIN.
	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED D	NEVER MARRIED	9. COUNTY OF	DEATH		
Ra	ppahanick, Va	. USA	WIDOWED		Calv	rert		Md
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL OR INSTITUTION (If not			(Kind of work done	12b. KIND OF	BUSINESS OR
P	rince Freder	ick give street oddress)	Co. Hospi	tal Ca	arpenter	life, even if retired.)		tructio
13a	USUAL RESIDENCE (Where dec	eased lived, if institution: Residence	before 13c. CITY OR 1	OWN 13d. INSIDE CI	TY LIMÎTS? 13e. ST	REET AND NUMBER		
agn	Maryland	Calvert	Ches.B	each YES	NO 🔀			
14.	FATHER'S NAME First	Middle	Lost 1S.	MOTHER'S MAIDEN NAM	E First	Middle		Last
	Charl	es E. Johr	son	Carrie V	irginia	Johnson		
	. WAS DECEASED EVER IN U.S.		CURITY NO. 17. IN	FORMANT		Address		Md.
	Yes, no, or unknown) (If yes go	tive war or dates of service) 578–10	-6435 Au	brey Johns	son, Jr.	Box 122,C	hesapea	ake
		anly one couse per line for (a), (b),	and (c).)	1 1 4 0				IMATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAL	JSED BY:	To. 100	It Have	ure		DETIVED O	MUCE HAD DEATH
	7824 mm	DUE TO, OR AS A CONSEQUI	NCE OF	1				
	Canditions, if ony, which gar		NCE UP					
	rise ta immediate cause (c	a), (b)	NCE OF					
П	stating the underlying cau	Se DOL 10, OK AS A CONSEGO	INCL OI					
Н	_	CONDITIONS CONTRIBUTING TO DEAT	A BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1(n)		
	Trick E. Office Storm Crick	Controllo Controllo To Control						
CERTIFICATION	19g. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. II	YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
FICA						S OF DEATH?		
CERT	21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY	21c HO			ry in Part 1 or Part 2,	Item 18)	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Doy	Year	THOOK! OCCORNED (E	and notice of inju	ny mrant i or run z,	10.1	
MEDICAL	(If either, notify medical exc		STREET FACTORY \ 215 LOC	ATION / Street or R.F.D.	No Gitu	or Tawn	County	State
1	Trime I Itali Willia	21e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	ETC.	ATION STEEL OF K.F.D.	No. City	or Idwii	County	Sidic
	at wark at work	(III) (III) (III)	lecensed from	1/1	0//- ** *	7	19 About	(1) () 1
	22a. I certify that (1)	(this haspital) attended the			opinion death	occurred on the da	te and hour	(I) (we) lost
	causes stoted abo	ove, (I) (we) (did) (did nat) vie	w the body after d	eath.	opinion death	occorred on the do	it and noor	ond from the
	22b. SIGNATURE	2/17	/ /		6		DATE SIGNED	
	41	THI OOM	DEGRE	E PHYS.	MED. DIRECTOR	STAFF PHYS.	eb. 11.	.1969
	22d. PHYSICIAN'S			22e. ADDRESS				
	NAME (Type) G.	J. Weems	ALCOHOLD C	Hunting	town, Ma	ryland 2	0639	
		Bb. DATE 23c. N	AME OF CEMETERY OR (REMATORY	23d. LOCATI	ON (City ar Town)	(County)	(State)
B	REMOVAL (Specify)	eb.13,1969 \$o.	Memorial	Gardens	Dunkir	k, Cal	vert, 1	Md.
	FUNERAL DIRECTOR	111	ADDRESS	2Sa. REC	D BY REGISTRAR	969Sb. REGISTRARS	SIGNATURE	and the
					- 104 II (1)	11 11 31 -77	- 11	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician wat completely filled in by the for director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages I should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after VR A16 (30M REV. 1 20)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02204

02208

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (1) 30M REV. 1

	ECEASED-NAME First		Middle		Last	2a. DATE OF				2b. h	IOUR 🔼
(Type or print) Anne	tte	Hewitt	Jo	nes	Febr	uary I	י זי	969	7:	25M
3. SI	EX	4. RACE		5	DATE OF BIRTH		6. AGE (In years	IF UNDER	1 YEAR DAYS	IF UNDER	24 NRS.
	Female	Whi	te	1	0-12-87		last birthday) PRS.	MONTHS	DATS	HOURS	MIN,
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH				
caul	Maryland	U.S.A.		WIDOWED 🔀	DIVORCED _	Calv	ert Cour	nty	-90	- 34	Md.
10.	CITY OR TOWN OF DEATH rince Freder:		ME OF HOSPITAL OR IN:	cunty			(Kind of work done life, even if retired.)		CIND OF E		
	USUAL RESIDENCE (Where decease			13c. CITY OR T			REET AND NUMBER	10	Otta C	3010	
		nd3b. COUNTY a		Dunkir	k YES N	0 🕱	Rural				
14.	FATHER'S NAME First	Middle	C Last	15.	NOTHER'S MAIDEN NAME	First	Middle			Lost	
	Charles		Spiknall		Mar	ia				Kin	g
160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY		DRMANT		Address				
	Yes, no, or unknown) (If yes give we	or or odiez or service)	220-32-6	981 Mrs	. Dorothy	Ward,	Owings,	Ma	ryl		
	18. CAUSE OF DEATH (Enter onl		e for (o), (b), and (c)	.)	5 2			В	APPROXIM ETWEEN ON	ATE INTERV SEJ AND D	
	PART I. DEATH WAS CAUSED	BY: TE CAUSE (a)	Yuluco	usey	deana			1	8-K	oce	10
	4339		S A CONSEQUENCE OF	10	001	2				0	
- 1	Conditions, if any, which gave	(b)	Myac	Erder	I tail	ul		4	81	ife	da
	rise to immediate cause (o), stating the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF	11	0	120.	P	1	211	1	
	last.	(c)	Keft 1	Henry	kyel,	Mro.	nevases)/	40	uai	10
н	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)			1	
NO						Tool is	WEST THERE SHIPMINGS	CONCIDENT	D 111 CE	71510116	
CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERE	D IN CEI	KIIFYING	,
ERTE	DI - ACCIDENT WIAC UNDERLYIN	C Tan Time of	INDIAN	les upu	YES NO			11 10.)			
	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH		Manth Doy Year		INJURY OCCURRED (Ente	er nature at injui	ry in Part I ar Port 2,	Irem 18.)			
MEDICAL	(If either, natify medical examin		AT HOME, FARM, STREET, FA	9 CTORY \ 035 106	7104 C D.C.D. H.	Cit	7.	Count		C.	tate
~	While Not while	PLACE OF INJURY	OFFICE BUILDING, ETC.	211. [00	TION Street ar R.F.D. No	a. City	or Town	Caunty	У	2	are
	at work of work	- hamital\ atta	arded Abendance	ad from 11	104	6 // to %	11 10	160	that	(1) /	- \ l= -4
	22a. I certify that (I) (thi sow the deceased of	ive on	anded the deceos	1969, and	hot in (my) (our) on	inion death	occurred on the d	ore and	, that hour o		e) last
	causes stated above	, (I) (we) (did)	(did not) view the	bady ofter de	ath.			410 0114	11001		
	22b. SIGNATURE	(//	-7/		ATTENDING 🖘	MED.	STAFF 22c.	DATE SIG	NED		
	golf (EXX	DEGREE	PHYS. LXI	DIRECTOR L	PHYS. L Fe	b. 1	, 1	969	
15	22d. PHYSICIAN'S NAME (Type) Page	a Tath	MD		22e. ADDRESS	oo Fra	derick,	Mon	773.0	50	
			, M.D.,								
23a	BURIAL, CREMATION, 23b. [REMOVAL (Specify)			CEMETERY OR C			N (City or Town)	(Count		(State	d.
24.		b.3,1969	ADDRESS		. Cemetery	BY REGISTRAR	25b, REGISTRAR			IAI (
19	Tule hans	uneral 1	Jomeowi			EB 6	1969	beel	es &	udg	E
- /	U RANA MUNICULA	Man harman	A III T	TAME OF LAC	A T A CALL UNIL		100		113		

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FilmG410 3/10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02205 DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Manth 2 4 Day 2 PM 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS campletely filled in by the MONTHS HOURS 11-21-85 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED bon papers. within 72 ha country) MD. CALVERT WIDOWED -DIVORCED [COUNTX 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** PRINCE FREDERICK HOUSE CALVERT INC Housewife event, 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? 13c. CITY OR TOWN admission) STATE 13b. COUNTY YES 🗍 NO 🗌 CALUZAT HENTING TOWN any (14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle ond Alice Parran Jack Morsell UXX XXXX please andi physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Md Yes, na. ar unknawn) (If yes give war or dates of service) Prince Fred. Alice signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, Parran APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar to the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? SD CAUSES OF DEATH? detached far use of Dept. of Health p YES 🗍 NO F O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from ______ 19 69, and that in (my) (aur) apinion deoth occurred an the date and have and from the saw the deceased alive an_ couses stoted above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING directar, page 3 shauld be filed v DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BYTRIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) St. Edmonds Ch. Cem Md Sunderland Cal

ADDRESS

Sewell Trunce Tred

2Sb. REGISTRAR'S SIGNATURE

minoula, Judan

2Sa. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

requires that the death certificate be executed within 24 haurs after death. attending by the hospital ar be retained

24. FUNERAL DIRECTOR

30M REV. 1/88

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02206 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month Dov Yeor. 2b. HOUR (Type or Print) OF ESTI-2, and 3 ta PM3. Page at DEATH MATED Department AGE (In years, IF UNDER 24 HRS. 3. SEX 4. RACE DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR MONTHS HOURS 7o. BIRTHPLACE (Stote of foreign 7b. CITIZEN OF MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm country) WIDOWED DIVORCED Pages 9 10. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12q-USU death OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ocking life, even if retired.) INDUSTRY the Give after USUAL RESIDENCE (Where decoded lived, if institution Residence before 134 CTY OF 13d. INSIDE_CITY LIMITS? 13e. STREET AND NUMBER death I and 2 with odmission) STATE 13b. COUNTY ∞i NO FA 0 24 hours in Item 1 the Chief Medical Examiner's Office ofter 14. FATHER'S NAME Middle Lost bages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil **ADDRESS** within s, no ot unknown) (If yes give war or dates of service) File 72 = APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one couse per for (o), (b), one (c). permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). ony certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= the funeral director. Page 4 shauld be forwarded ta and PARK Z. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO POATH BUT NOT RELATED TO THE ERMINAL DISEASE OR CONDITION 0 SD remaval, CERTIFICATION used 19à DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This necessary, please execute the certificate, pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld Б PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK burial, b 22a. I certify that I toak charge of the remoins described obove, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Natural sauses Accident Suicide Hamicide Undetermined manner retained to. CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type) ADDRESS(Street, city, town, or county) 50 BURIAL, CREMATION, 23b. DAT 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)

2So. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

VR A15ME (5) 10M REV. 1/68 24. FUNERAL DIRECTOR

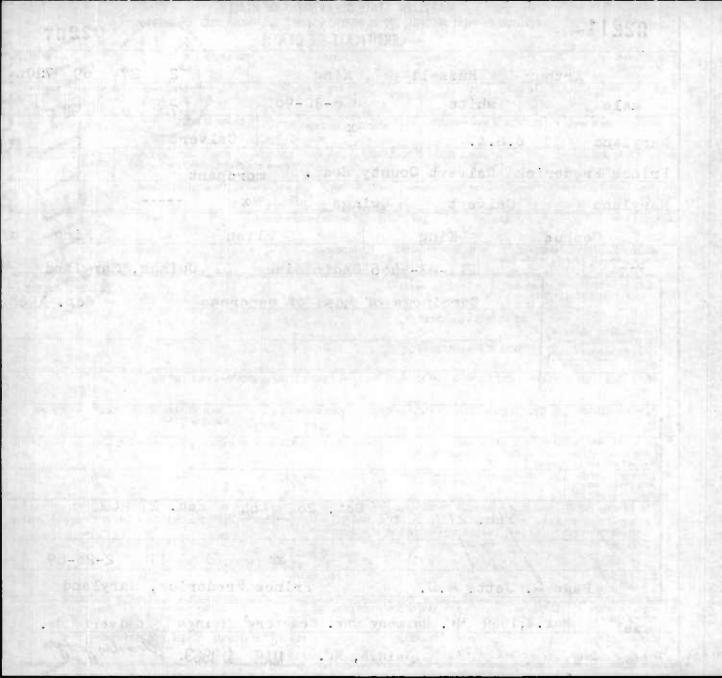
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Page 4 may be retained by the haspital ar ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02207

7a. cou M 10. I 13o. adm	male BIRTHPLACE (Stote or ntry) Aryland CITY OR TOWN OF DE/ Prince Fi USUAL RESIDENCE (Wission) STATE ARYLAND FATHER'S NAME	TH eder here deceased	4. RACE V 7b. CITIZEN OF U.S. ick d lived, if insti 13b. CUNT Middle	NAME OF HOSPITAL OR IN we steed address to continuous. Residence before the total continuous. Residence before the total continuous.	widowe stitution (i bunty	f not in hospital Hosp OR TOWN Ings	RRIED DRCED 120. USUA	erchai MITS? 13e. ST	Mogth 6. AGE (In year lost birthday, 70) F DEATH Vert I (Kind of work life, even if ret	done	IF UNDER I YEAR MONTHS OAYS 12b. KIND OF INDUSTRY	2b. HOUR 710 p IF UNDER 24 HRS HOURS MIN
7a. cou M. 10. 13a. adm. 14.	male BIRTHPLACE (Stote or nerv) Laryland LITY OR TOWN OF DEA Prince F1 USUAL RESIDENCE (W. ission) STATE LARYLAND FATHER'S NAME C. WAS DECEASED EVER (es, no, or unknown)	TH reder: here deceased	4. RACE V 7b. CITIZEN OF U.S. ick d lived, if insti 13b. CUNT Middle	white WHAT COUNTRY? A. NAME OF HOSPITAL OR IN We street address tuttion: Residence before Vert	widowe stitution (i bunty	s. DATE OF E 8-30 DEC NEVER MA D DIVO f not in hospital F Hosp OR TOWN Lngs	RRIED DRCED DRCED DUSUA during me	Calvation ast of working erchai	last birthday 70 F DEATH Vert I (Kind of work I life, even if ret	done	MONTHS OAYS	IF UNDER 24 HRS HOURS MIN
10. 130. adm	ATY LAND ATY OR TOWN OF DEA PRINCE FI USUAL RESIDENCE (W. ISSION) STATE ATHER'S NAME WAS DECEASED EVER (es, no, or unknown)	TH eder here deceased	U.S. ick gid lived, if institution 13b. QUNI	NAME OF HOSPITAL OR IN East vert Co tution: Residence before vert Last	widowe stitution (i bunty	f not in hospital Hosp OR TOWN	RCED 120. USUA during me	Calvation ast of working erchai	vert I (Kind of work I life, even if ret	tired.)		
130. adm 14.	rince Fi USUAL RESIDENCE (W. ission) STATE ATYLAND FATHER'S NAME C. WAS DECEASED EVER (es, no, or unknown)	reder:	ick gid lived, if institution in the control of the	ve street address Calvert Continuion: Residence before Lost	13c. CITY	Hosp. OR TOWN	during me	erchai MITS? 13e. ST	life, even if ret	tired.)		BUSINESS OR
14.	ission) STATE AT PARTIES NAME Co. WAS DECEASED EVER (es, no, ar unknown)	irst phus IN U.S. ARME	13b. COUNT Middle	Lost	100000	ings			REET AND NUME	BER		
160	. WAS DECEASED EVER (es, no, ar unknown)	phus IN U.S. ARME					-					
	. WAS DECEASED EVER (es, no, ar unknown)	IN U.S. ARME		N 7 77 C*		IS. MOTHER'S N	MAIDEN NAME F	irst len	Mic	ddle	Kir	Last
	18. CAUSE OF DEA		ar dates of service)	King 16b. SOCIAL SECURITY 217-03-5		7. INFORMANT	402 30	That is		dress	Maryla	
NO		cause (a), ing couse IFICANT COND	(c)_ DITIONS CONTR	R AS A CONSEQUENCE OF	OT RELATED				Charles .	DIMOS	DAKE DEDETE IN CO.	DIIIV
CERTIFICATION	19a. DATE OF OPERAT			WHICH OPERATION WAS PE		20a. AUT	NO 🗆	CAUSE	F YES, WERE FIND S OF DEATH?			RTIFYING
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF OEATH	HOUR A.	M. 1	9	HOW INJURY OF				Part 2, I	tem 18.)	
ME	21d. INJURY OCCUR While Nat while at wark at wark			AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.							Caunty	State
	couses to	at (I) (this eceosed ali ed obove,	haspital) over an Fel (I) (we) (di	attended the deceas 0 . 27 d) (did pot) view the	ed_fram_ 1969_, a body afte	Dct. 2 and that in (n er death.	ny) (our) api	nion death	occurred and	7, 19_ the da	69 , that te and hour	(I) (we) and from
	22b. SIGNATURE	el	1/2/	X	DE	EGREE ATTEND PHYS.		NED. IRECTOR	STAFF PHYS.	22c. [2-28-	69
	22d. PHYSICIANAS NAME (Type)			tt, M.D.			Prince		erick,		ryland	l
	BURIAL, CREMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR	23b. D/		9 Mt. Har	mony	or crematory Chr. C	emeter 2Sa. REC'D B	y Owi	ON (City or Town ngs 2Sb. REGI	Csl		(State) Md.



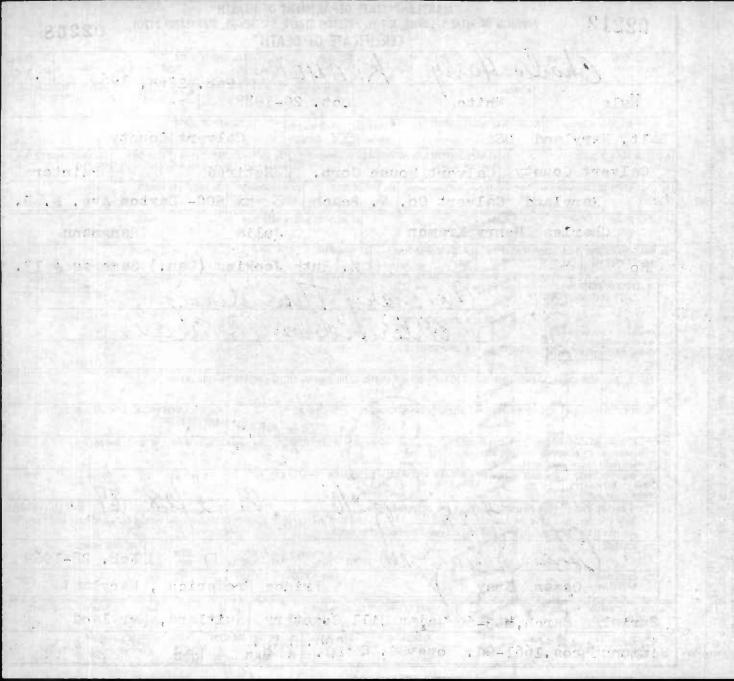
2b. HOUR

2a. DATE OF DEATH

CERTIFICATE OF DEATH DECEASED-NAME by the funeral Pages 1 and 2 nours after death. requires that the death certificate be executed within 24 hours after death. (Type or print) 3. SEX 4 RACE Male Oct. 29-1888 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Balt. Maryland completely filled in WIDOWED X DIVORCED USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH calvert Calvert County House Corp. event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? Co. Beach YES remave in any physician and chen please remo 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Charles Henry Kramer Julia 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, ar remaval, M. Ruth Jenkins signed by the attending burial-transit permit. Th 1B. CAUSE OF DEATH (Enter only one cause per line for Ja), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the b . af Health priar to b this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES 🗀 NO T by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov (If either, notify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an_ be retained couses stated above, (1) (we) (did) (did not) view the body after death director, page 3 sha shauld be filed with 22b. SIGNATURE DEGREE DIRECTOR PHYS Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Osman Ersy 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION Cedar Hill Cemetery 3-69 EUNERAL DIRECTOR Bros.1661-Gd. Hope Rd.SE ADDRESS Wash. 2So. REC'D BY REGISTRAR

969 IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) 9. COUNTY OF DEATH Calvert County 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 13e. STREET AND NUMBER 500- Dayton Ave. N. Lost Rangmann (Dau.) Same as 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) City or Town County State 196), and that in (my) (our) opinion death accurred on the date and hour and fram the 22c. DATE SIGNED Feb. 28-1969 Prince Frederick . Maryland 23d. LOCATION (City or Town) (County)
Suitland, Maryland (State) 2Sb. REGISTRAR'S SIGNATURE

30M REV.



02213
EASED-NAME pe or print)

naurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filter in by the fur directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after

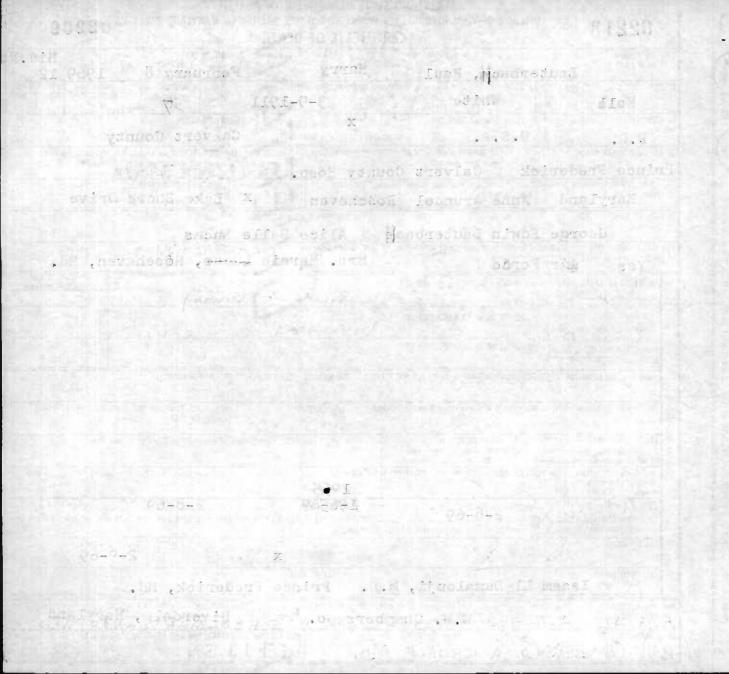
VR A15 (4) 30M REV, 1 8

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

02209

		CEIVIIII	TIE OI DEATH					
1. DECEASED-NAME First (Type or print)	Middle	77 -	Last	2a. DATE OF	Month D-	V Yenr	WIA	PURN t
Lau	terback, Paul	на	rry	Febr	uary 8	1969	12	M
3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	MONTHS DAYS	IF UNDER 24	4 HRS.
Mala	White		3-9-191	1	last birthday) YRS.	MONINS	HOURS	min
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		75	
Country) D.C.	U.S.A.	WIDOWED		Calv	ert Coun	ty		Md.
IO. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If no	t in hospitol 120. USU		(Kind of work done	12b. KIND O	F BUSINESS C	OR .
Prince Freder	ick give street address) Calvert	Counts	Hoen during m	ast of warking	life, even if retired.)	INDUSTRY		
13o. USUAL RESIDENCE (Where decease	sed lived, if institution: Residence before	13c. CITY OR	TOWN 13d: INSIDE CITY I		REET AND NUMBER	7		
odmission) Maryland	Anne Arundel	Rosek	aven YES N	La	ke Shore	Drive		
14. FATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME	First	Middle		Lost	
	Edwin Lauterba	- 4	Alice Bel					
16a. WAS DECEASED EVER IN U.S. ARI			FORMANT	AUTER	BACH Address			
	var or dates of service) Fore e		s. Margie	Lucas	Roseha	ven. M	Id.	
				- 10		APPROX	IMATE INTERVA	
PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b), ond (c)		00:1:00	010		BETWEEN	ONSET AND OEA	ATH
1/1 A O IMMEDI	ATE CAUSE (a)	M. E.	seive c	60000	Tun			
Canditions if and which annual	DUE TO, OR AS A CONSEQUENCE OF	25	. Zelo Laros					
Canditions, if only, which gave rise to immediate cause (a),	(b)		100000001					
stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF							
last.	(c)			-CAUDITION OR -				
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	IOI KELAIED IO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(d)			
NO DAYS OF COSTRATION 1301	COMPLETED WHICH ODER TION WAS D	70500450	DO ALIZODOVO	Look it	YES, WERE FINDINGS	CONCIDERED IN	CEDTIEVING	
190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	EKFUKMED	20a. AUTOPSY?	CALISES	OF DEATH?	CONSIDERED IN	LEKTIFTING	
N N N N N N N N N N N N N N N N N N N		To ve	YES NO					
		21c. HO	W INJURY OCCURRED (Ente	er noture of inju	ry in Port 1 or Part 2,	Item 18.)		
[If either, natify medical exami	ner) P.M.	9						
21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOC	CATION Street or R.F.D. No	o. City	or Town	County	Sto	ote
at wark at wark			1955					
22o. I certify that (I) (th	is hospitol) ottended the deceos live on 2-8-69	ed from	96559, 19_	, to	2-8-69, 19), tho	t (I) (we) lost
sow the deceosed of	e, (I) (we) (did) (did not) view the	body ofter d	thot in (my) (our) op	union deoth o	occurred on the d	ote ond hour	ond from	n the
22b. SIGNATURE	e, (1) (we) (did) (did flot) view file	body offer d	eom.		220	DATE SIGNED		
	· Luces	DEGRE	ATTENDING ATTENDING	MED. DIRECTOR		-9-69		
22d. PHYSICIAN'S		DEOKE	22e. ADDRESS	DIRECTOR -	PHIS.			
NAME (Type) Issa	m El Damalouji,	M.D.	Prince I	Freder	ick. Md.			
		CEMETERY OR (ON (City or Town)	(County)	(State)	=
	12-1969 W-W-ES			Biv	rerda lo.	Mary 1	and	
24. FUNERAL DIRECTOR	ADDRES:	ST LIN	COL N EV	BY REGISTRAR	25b. REGISTRAR	SIGNATURE	MID	
MILL PHAMEER		11		1 3 19			desci	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02210

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	ľ	5	Fee	.8	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 410

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

116613		ERTIFICATE OF DEATI		0 2 2 0
1. DECEASED-NAME First (Type or print) Mary	Middle Elizabeth	lost Makle	20. DATE OF DEATH February	97, 1989 2b. HOUR 11 A
3. SEX Female	4. RACE Negro	s. DATE OF BIRTH 4-3-01		FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
o. BIRTHPLACE (Stote or foreign count) Maryland O. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? U • S • A • 11. NAME OF HOSPITAL OR INST	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Calvert Cou	
Prince Frederi	ck caive freet address) Cou	nty Hospital III 128. CITY OR TOWN 13d. MSIDE CO YES Waldorf	most of working life, even if retire	ed.) INDUSTRY
14. FATHER'S NAME First Alowis 16g. WAS DECEASED EVER IN U.S. ARA	Middle Last Bhis Bowman MED FORCES? 16b. SOCIAL SECURITY N	15. MOTHER'S MAIDEN NAM Malinda	a Coats	Wade
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	lestons for	orcondition given in part I(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDIN CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Year ner) P.M. 19		inter noture of injury in Part 1 or Par	
While Not while at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	1/5/45	7/6	Caunty State 7, 19 , that (I) (we) los
sow the deceased o	is hospital ottended the deceose live on 19 e, (I) (we) (and) (did not) view the b	9 6 5 ond/thot in (my) (our)	opinion deoth occurred on th	e dote and hour and from the
22d. PHYSICIAN'S	to de Villarreal	DEGREE PHYS. 22e. ADDRESS M. D. St.	MED. STAFF DIRECTOR PHYS. D	2-9-69
23g. BURIAL CREMATION. 23b.	DATE 23c. NAME OF C	TEMETERY OR CREMATORY CEN	1. Bryantown	Chas. Co. (State) RAR'S SIGNATURE
Martell an	lams aguasi	10. 11/1/2		notes ludge

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MARYLAND STATE DEPARTMENT OF HEALTH

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Item 18 Film 410 2-27-69 MARYLAND STATE DEPARTMENT OF HEALTH

THE RESERVE OF THE PROPERTY OF SECTION OF Please verify date Line a Item A STANSON DESIGNATION OF THE PARTY OF THE PA Item 18